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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 MAR 24 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 037120

1. Corporation Name
The Wood Stove, Inc.

2. Principal Office Address	**3.** Mailing Office Address
611 - N. Main St.	611 N Main St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, Fl	City & State: Gainesville FL
Zip: 32601 Country: USA	Zip: 32601 Country: USA

REINSTATEMENT 00-06

4. Date Incorporated or Qualified To Do Business in Florida: 9/26/79

5. FEI Number: 59-1938338 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jean Duggan
Street Address (P.O. Box Number is Not Acceptable): 918 - N.W. 40 Dr.
~~Suite, Apt. #, Etc.~~: Gainesville, Fl
City: " " State: FL Zip Code: 32605

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jean Duggan (REGISTERED AGENT MUST SIGN) Date: 03/17/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jean Duggan	918 - N.W. 40 Dr.	Gainesville FL 32605
V.P.	Dennis "	" " "	" "
Treas.	Kerry Duggan	611 - N. Main St.	Gainesville, FL 32601

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K. Eskel MAR 29 2006

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jean Duggan Jean Duggan 03/17/06 (352) 378-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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The Wood Stove, Inc.

And Fireplace Center

611 N. Main Street
Gainesville, Florida 32601
(352) 377-9535
FAX: (352) 377-8712
E-MAIL: warmhearth@aol.com
WEB SITE: woodstoveflorida.com
FL TOLL FREE: 1-800-524-2675

March 22, 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir

Please accept this letter as notification that we have not received our annual report notices since 1999. Our business address change was apparently filled in correctly however, our mailing address was not. Our address forward must have expired in 1998/99, resulting in our not receiving the notices. We have completed the application for reinstatement and enclosed a check in the amount of $1050.00 to cover the fees from 2000 through 2006. Please accept our apologizes for not realizing this error.

Very sincerely,

Jean Duggan

Jean Duggan
President